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APPLICANTS

Ralph Leonard, New Haven, CT;

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** CONTINUING DATA *****

CB none 2/7/06

** FOREIGN APPLICATIONS *****

CB none 2/7/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 19
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials CB				

ADDRESS

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TITLE

Selection of optimal medication methodology (SOOMM)

FILING FEE RECEIVED 1042	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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